

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

JUN-WOO LEE, ET AL.

Application No.: 09/622,020

Filing Date: August 8, 2000

For: **METHOD AND APPARATUS FOR
EXPANDING CELL COVERAGE IN
MOBILE COMMUNICATION SYSTEM**

Art Group:

Examiner:

#81 Reg for
Refund
11-21-03

Mail Stop 16
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

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**REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

I. REFUND REQUEST

This is a request for refund, with respect to the charge to Deposit Account 02-2666, shown on the statement dated , for the above-identified

- ☒ application.
☐ patent

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

AMOUNT OF REFUND REQUESTED

<input type="checkbox"/> Filing fee	_____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. 1/16(e))	_____
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. 1.16(e))	_____
<input type="checkbox"/> Extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> fifth month	_____
<input type="checkbox"/> Excess claims	_____
<input type="checkbox"/> Issue fee	_____
<input type="checkbox"/> Petition fee	_____
<input type="checkbox"/> Patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> Patent maintenance fee surcharge	_____
<input checked="" type="checkbox"/> Other Fee pursuant to rule 1.97 (c) (2)	180.00
_____	_____
_____	_____
_____	_____
TOTAL REFUND REQUESTED	180.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The Information Disclosure Statement was submitted with the statement required by rule 1.97 (c) (1)

IV. MANNER OF REFUND

Please make refund by

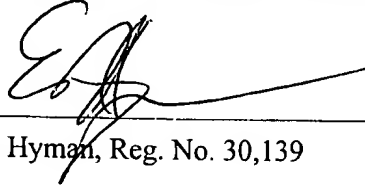
- ☒ crediting Account No. 02-2666
☐ refunding payment.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: _____

10/5/03

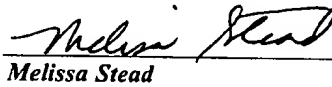


Eric S. Hyman, Reg. No. 30,139

12400 Wilshire Boulevard, 7th
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Los Angeles, CA 90025
Telephone: (310) 207-3800

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Melissa Stead

11-5-03

Date

CB Refund Req

Voucher 210620
Group# 57845



UNITED STATES
PATENT AND
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Return To:

USPTO
Home
Page

Finance
Home
Page

Deposit Account Statement

Requested Statement Month: August 2003
Deposit Account Number: 022666
Name: BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
Attention: ROCHELLE SILAS
Address: 12400 WILSHIRE BLVD., NO.700
City: LOS ANGELES
State: CA
Zip: 90025

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	
✓ 08/01	5	10272140	003594.P002C	1201	\$168.00	\$42,624.25
✓ 08/01	43	10335679	42P5963C	1806	\$180.00	\$42,444.25
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